

REQUEST FOR OFFER
FOR MASTER SERVICE AGREEMENT
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
CONTRACTOR EVALUATION AND SELECTION FORM

The ordering agency must select **BEST VALUE or COST**

(please print)

1. General Information

Name of Ordering Agency:_____

Ordering Agency Assigned Order Number:_____

Name of Contact Person:_____ **Email address:**_____

Voice Number:_____ **Fax Number:**_____

2. Category Identification Number/Name of Service

Category/Subcategory_____

3. Evaluation Criteria

The overall responsiveness of each RFO response is based on the complete response from the vendor to the RFO requirements, including the statement of work for the project.

4. The following three sub-sections must be completed by the evaluation team:

a. Administrative Requirements met:

(The ordering agency needs to identify if these requirements are required or not.)

Yes__No__N/A__ Small Business Preference (see SCM for award)

Yes__No__N/A__ List of subcontractors attached

FOR: BEST VALUE or COST

b. Scope of Work Requirements

		CONTRACTOR NAME:	CONTRACTOR NAME:	CONTRACTOR NAME:
1	Do the tasks identified support the complete Statement of Work requirements?	Score: -----	Score: -----	Score: -----
2	Are the outlines/samples (from other completed projects) of deliverables acceptable and will they support the Statement of Work? Did the Contractor include references from previous projects that are similar in nature to the work outlined in this RFO?	Score: -----	Score: -----	Score: -----
3	Does the organization chart identifying proposed team members adequately support the Statement of Work?	Score: -----	Score: -----	Score: -----
4	Do the assumptions used to develop the response make sense in relation to the Statement of Work?	Score: -----	Score: -----	Score: -----
5	Does the work plan include a description for tasks/subtasks that support the Statement of Work?	Score: -----	Score: -----	Score: -----
6	Do the “additional” State and Contractor responsibilities identified in the Statement of Work seem reasonable?	Score: -----	Score: -----	Score: -----
7	Do the resumes for each staff person proposed for project team provide adequate experience/knowledge to support the Statement of Work?	Score: -----	Score: -----	Score: -----

If making Best Value Selection, complete all sections, NOTE: section 4b must have a numeric score of 1 - 10. The numeric score rating is: 1 = not acceptable, and 10 = very acceptable.
If making Low Cost Selection, complete all sections, NOTE: section 4b must have a score of pass or fail.

c. Cost--Enter total \$ bid \$ _____ \$ _____ \$ _____

Name of the Selected Contractor _____
Justification: _____

Attach additional pages, if necessary